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ABSTRACT

The need for educating teachers to identify depression in children is established, and an inservice training course to develop awareness of student characteristics is outlined. A review of the literature points out that many withdrawn and fearful children are often overlooked in the classroom. Characteristics of withdrawal, depression, and other pathological disorders (such as runaway reaction, shyness, and psychoneurosis) are examined. Implications for the classroom are seen to include substitution of fantasy for reality or the absence of any fantasy play at all. A discussion of diagnostic and screening techniques focuses on an ecological interview tool. An inservice packet provides suggestions for planning, implementing, and following up by the facilitator. Three inservice activities are described in terms of goals, objectives, methods, and evaluation. Five screening techniques (including anecdotal records and a withdrawn behavior checklist) are then presented with suggestions for the facilitator. (CL)

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SCREENING WITHDRAWN AND
DEPRESSED STUDENTS
IN PUBLIC SCHOOLS: AN INSERVICE TECHNIQUE

by
Lynn Callahan

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JUSTIFICATION - RATIONALE

A need for teacher education of childhood depression and withdrawal has been established by Wickman (1928) and Rubin (1966). Also, personally knowing students who have had chronic behavior patterns associated with depression who were not referred for ED placement until the high school level has confirmed this need. The question inevitably arises as to why these students were not referred earlier in their school career. If a reason for these late referrals is teacher unawareness, then the level of teacher knowledge of depression and withdrawal needs to be examined. To assess teacher familiarity with characteristics of childhood depression, a survey was distributed to 80 high school teachers. The survey listed 32 characteristics of childhood depression compiled from Bales, Hewett, Ross and others. Teachers were asked to check those items they would expect to observe in a student who is depressed. Half of the surveys were returned. Of the teachers submitting surveys, 50% recognized less than 10 of the 32 items as symptoms of depression.

The results of this survey show a need for teacher education if teachers are to recognize students who are depressed and refer them for proper services. One method of providing teachers with this awareness of characteristics is to provide inservice training. This training would acquaint teachers with characteristics associated with

depression and methods of identifying and documenting behavior patterns of depressed and withdrawn students.

The purpose of this paper is to develop an inservice program that will assist teachers in the screening of depressed and withdrawn students for possible placement in special education. This will be accomplished through activities designed to identify characteristics, write observable behaviors and use screening devices.

REVIEW OF THE LITERATURE

REVIEW OF THE LITERATURE

Introduction

There are many students who are severely withdrawn and depressed in regular classrooms. These students often go unnoticed because they do not present a problem to the teacher. This has been substantiated by Wickman (1928) with his teacher attitude scale. He found that teachers tend to favor withdrawal tendencies. However, this fosters habits of dependency and impairs the child's abilities to face the realities of social situation. Both Wickman (1928) and Rubin (1966) stress the need for teacher re-education and inservice in order to understand and educate these students.

Problems of Diagnosis

Identification of withdrawn students is often difficult because the behaviors are not easily observable. Before discussing models to place withdrawn behaviors into observable terms, it is important to discuss problems of diagnostic criteria.

It has been pointed out by Garrison (1965) and Cruickshank (1975) that withdrawn and fearful children are often overlooked in the classroom because they conform to most prescribed patterns of the typical classroom. Some of these unhappy, anxious and even psychotic children do not present a problem in school and may even be showing

satisfactory work performance. Because of this oversight, classes for the emotionally disturbed, may in fact, not even include the most disturbed students in the school. It is often difficult for a teacher to see behind the masks of depression.

Teacher's biases and attitudes play an important role in the identification of severely withdrawn or depressed students. In a study done by Wickman (1928), teachers were asked to rate students on the problems that would be most detrimental to their future adjustment. It was found that behaviors associated with violation of our social and moral code were seen as most detrimental, while behaviors of withdrawal were rated in the bottom 10 on a 50 item scale. This indicates that teachers see a greater concern with personality traits than the child's personality adjustment. In a follow up study to Wickman, Yourman (1932) found that a group of mental hygienists scored shy, unsocial, sensitive, withdrawing or unhappy traits as grave problems making for serious difficulty, while teachers did not see these traits as problems. He summarizes by saying that teachers select children who are problems and hygienists select children with problems. Other, more recent, studies (Hunter, 1957, Goldfarb, 1963) find teachers closer in agreement with hygienists about the concern for nonaggressive traits.

However, they stress a continued need to increase the sensitivity of teachers toward these types of behavior problems.

Berkowitz (1960) asked teachers in New York City schools to keep anecdotal and discipline records of problem and quiet children. These students were subsequently referred for psychological evaluations. In cited cases where teachers described students as "quiet, good workers, nice and well behaved but slow learners", the psychological reports revealed average IQ's and evidence of anxiety and emotional dysfunctioning. Garrison (1965) identified another problem when diagnosing these children. He found that parents gave unreliable histories because they could not see their children in an objective or detached manner.

The relationship between language and the withdrawn student must be acknowledged before assessment or treatment can begin. When assessing depression among adults, verbal communication or self assessment is a decisive factor in determining the presence or absence of depression. Language development needed for communicating feelings that would be used to assess depression is limited in young children. Hence the need to use language makes it difficult to assess depression in children under the age of seven when using the same criteria (Kovacs, 1977).

Another factor of language which may interfere with assessment is described by Donahue and Nichtern (1965) as the Pseudo-Retardate. This is a child who fails or refuses to acquire the means for communication before learning can occur. This "facade of defective functioning" causes the child to be dependent. These students need to be taught effective communication skills before other learning can take place.

Definitions and descriptions of withdrawal often include discussions of depression, anxiety and other pathological disorders. Basic characteristics of withdrawal will be examined first, followed by those of depression and other disorders.

Withdrawal

Kauffman (1977) describes withdrawal as behavior that keeps people at a distance physically and emotionally. The withdrawn individual lacks approach responses such as looking at, talking to, playing with, touching and responsiveness to others invitations. Other characteristics noted by Hewett (1968) are; failure to attend, preoccupation with irrelevant stimuli, daydreaming, the inability to recall, and failure to pay systematic attention to their environment. Hewett (1968) discusses two case studies of withdrawn girls. Kathy was a class scapegoat who turned out reams of valueless written busy work which

she used to hide from her peers and teachers. When asked a question, she would squirm, fidget, shrug or say "I don't know." Margaret showed little comprehension when questioned about her work. She could not tolerate praise and would tear up work if complimented. She also actively resisted attempts by others to show friendship.

Social skills which are lacking in withdrawn individuals are defined by Bornstein (1977) as the compound abilities necessary for effective interpersonal functioning. He discussed assertiveness as a sub category of social skills in which the emphasis is on the ability to express both positive and negative feelings without suffering consequent loss of the social reinforcer. Children who are deficient in this regard would require training to increase their ability to stand up for their rights and express both anger and positive feelings such as appreciation.

Emotions connected with silence were divided into three groups by Noshpitz (1971).

1. Those connected with fear and anxiety being shyness, timorousness and uncertainty.
2. Those connected with withholding and rage being pride, stubbornness and sullenness.
3. Those connected with sadness or hopelessness being distance, depression and despair.

Depression

Childhood depression has been a subject of much discussion and debate among professionals, and diagnostic

criteria are not universally agreed upon. Depression may take on many forms including aggression or withdrawal, decreased work productivity or increased work productivity (French & Irving, 1979). Some of the symptoms as compiled by a number of professionals are listed below.

A. Sandler and Jaffe (1965)

1. Child recorded as unhappy or sad by therapist observer
2. Withdrawal including boredom
3. Feels rejected or unloved
4. Does not ask for help or if did, is still disappointed
5. Tendency to regress to oral passivity
6. Insomnia or sleep disturbances
7. Discontented - not readily satisfied
8. Autoerotic or other repetitive activities
9. Therapist had difficulty sustaining contact

B. Poznanski and Zrull (1976)

1. Excessive self-criticism
2. Feelings of inadequacy
3. Difficulty sleeping
4. Excessive concerns about death
5. Withdrawal

C. Connell (1972)

1. Social withdrawal
2. Feelings of rejection
3. Irritability
4. Behavioral change
5. Negative self-concept

D. Cytryn (1972)

1. Sad affect
2. Social withdrawal
3. Hopelessness
4. Helplessness
5. Psychomotor retardation
6. Anxiety
7. School and social failure
8. Sleep and feeding disturbances
9. Suicidal ideas and threats

It is easily seen that there are numerous similarities between the various lists of symptoms. Childhood depression has similarities with symptoms of adult depression, but also has unique features which are not manifest in overt depressive syndromes. Masked depressive reaction is the most common form of depression in children (Kovacs & Beck, 1977). From this information one can conclude that although withdrawal may be a symptom of depression, not all depressed children are withdrawn.

Other Pathological Disorders

In addition to depression, there are other psychopathological disorders of which withdrawal is a symptom. These are best summarized by Quay and Werry (1979). They classified the disorders into two clusters; 1. Conduct Problems, 2. Personality Problems. It is within the Personality Problem cluster that most characteristics of withdrawn students fall.

One type of Personality Problem is the Behavior Disorder which is divided into two reaction types. The first is the Withdrawing Reaction which is characterized by submissiveness, detachment, sensitivity, shyness, timidity, and the inability to form close interpersonal relationships. The second is the Runaway Reaction of which escape by running away, immature and timid behavior, feelings of rejection

at home, friendlessness and stealing are characteristic.

Another type of Personality Problem described by Quay is the Anxiety Disorder under which the Shyness Disorder is classified. It is characterized by avoidant behavior with strangers, clinging, standing still behind furniture, blushing and being tongue tied. Withdrawn behavior is noted in one of the Conduct Problem clusters described as Undersocialized, Unaggressive Type Pattern 2. This disorder is characterized by exploitativeness, detachment, shyness, lack of affection, stealing and lack of guilt.

Other clinical labels that may be apparent in the withdrawn child are Psychoneuroses and Psychoses. Garrison (1965) discusses how functional Disorders effect the child by allowing unpleasant ideas and feelings to be repressed to the unconscious where they find release through physical or physiological disturbances such as tics, allergies, pains, headaches and gastrointestinal disorders. He describes three types of Psychoneuroses which are reaction patterns to adjustment problems.

1. Neurasthenia - a condition characterized by chronic fatigue, irritability, aches and pains
2. Psychasthenia - a condition characterized by abnormal fears (phobias), obsessions and compulsions
3. Hysteria - a condition characterized by a variety of symptoms such as palpitation of the heart, convulsive seizures and paralytic states

Implications in the Classroom

After having examined a number of clinical categories which include withdrawal symptoms, it is necessary to look at how the application of these symptoms effect individuals. This analysis will have implications for classroom teachers whether as a resouce for developing teaching methods or more simply to develop an awareness of the problems within individual students.

Quay (1979) presents a number of findings in studies done comparing anxiety withdrawn with conduct disordered and normal students. A simplified listing of his findings will be presented here.

1. In learning situations that involve frustration, the anxiety withdrawn group showed the highest number of frustration induced behaviors (fidgeting, requests for help, complaining etc.).
2. The anxiety withdrawn group was significantly higher in their need for affilitation and lower in their need for power.
3. On self concept measures, the anxiety withdrawn subjects perceived a discrepancy between what was expected of them by mothers and what was expected by fathers. They felt pulled in two different directions.
4. Anxious withdrawn subjects were less impulsive and sought stimulation less often than other groups.

5. On EEG readings, the anxious withdrawn group manifested more activity in the temporal region of the brain which may contribute to the inhibition of impulses originating in the lower parts of the central nervous system.

Other theorists have developed some interesting relationships between withdrawal, fear and motivations for defense mechanism. Garrison (1965) discusses that a child may set low goals as a means of self protection. The child will tend to be insecure and anxious if there is a discrepancy between self concept and ideal self. For example, if it is important for a child to have friends, he will not be anxious about his school work, only about the number of friends that he has. Garrison also points out how excessive timidity can be an indicator of emotional maladjustment. The child who feels inadequate will be handicapped in social development. Excessive anxiety and feelings of inadequacy lead to withdrawal as a means of averting the realities of life. A child who wants to insure a good opinion of adults or peers has two available strategies:

1. approach - behave in ways to gain approval or,
2. avoid - behave in ways to avoid disapproval.

If students who exhibit a high degree of social concern tend to be low in ability, the strategy of withdrawal in a competitive intellectual setting becomes understandable as an avoidance technique. Zimbardo (1977) also points

out factors of shyness that affect classroom behavior. He found that shy students are unable to ask questions in class and often are unable to follow what is going on because they are so nervously conscious of themselves.

Berkowitz's (1960) discussion of the role that fantasy has for the withdrawn student is quite comprehensive. She begins by stating that the denial of unpleasant reality is part of the normal developmental phase. It is used as a defense by children under five or six years old. If it is used after that it represents regression and immaturity.

Withdrawn children frequently substitute fantasy for reality in order to protect themselves from failure and external pressure. The symptoms of this substitution often include over compliance, passivity or apathy. These students may have inner resources which compensate for their lack of friends and social ability. They enjoy isolated activities but are basically unhappy with their active inner life. Their personality is rooted in passivity and compliance because the child uses these means to seek approval from others. The fear being that if passivity is not maintained, rejection from others will result. Fantasy is used to escape to a dream where actions are completed, energies are spent, aggression is expressed and self-esteem is heightened. The fantasy may be so intense that the child does not even hear when he is spoken to. Physical clinging to adults adds to immature symptoms because of a need

for emotional support. Strong needs for acceptance make the withdrawn child easily susceptible to any form of criticism which causes painful emotional experiences.

Although the withdrawn child has an extreme need for acceptance, he may be rude and indifferent due to his preoccupation with the rich fantasy world which he uses to compensate for those personality characteristics that he wants but does not actually possess. The child sees himself as unloved and unaccepted and has developed the withdrawal pattern to bring together his perception with his feelings of pain and discomfort. This pattern is, however, self defeating and perpetuates the feelings of negative self-concept.

Normal children fantasize but prefer socializing to fantasy. When the fantasy is extremely bizarre and the child does not recognize this or when the fantasy is so pervasive that the child relinquishes his contact with the environment, the fantasy become unhealthy. When the fantasy is bizarre to the point of hallucinations or delusions, and it is accompanied by withdrawal, it must be considered symptomatic of mental illness.

Lack of fantasy may also be observed in withdrawn students. They may attempt to maintain a defense against reality by placing restrictions on their emotional level. They over control emotions and repress emotionality, abandoning the usual interpersonal involvements. Emotional

affect may be so blocked that their inner fantasy is blocked and their fears of expressing themselves is evident in academic areas especially language. They may present an incongruous picture of high intellectual ability with poor functioning in imaginative expression since they are fearful of revealing themselves. Ability may be observed in factual areas but lacking in emotionality.

A symptom of depression that may become evident in the classroom has implications for teachers and is described by Malmquist (1977). Depressed children can be "loners" because their worries and preoccupations interfere with their engaging with others. Feeling lonely may result in teasing and sadistic behavior. Receiving pleasure in seeing others commit errors or hurt themselves becomes a mechanism for diverting self-critical attack.

After examining various characteristics of withdrawn behavior, a social learning theory prediction can be used as a summation. Children who have not been taught appropriate social interaction skills and those who have been punished for attempts at social interaction will be typically withdrawn (Kauffman, 1977).

Techniques of Diagnosis

Having examined characteristics associated with the withdrawn child, a discussion of diagnostic and screening techniques can begin. The first point of discussion will

be to clarify criteria for placing a child in special education. To be eligible for placement in a program for the emotionally disturbed, a student may exhibit some of the following characteristics as outlined in P.L. 94-142.

1. An inability to develop or maintain satisfactory interpersonal relationships.
2. Inappropriate affective or behavioral responses to what is considered a normal situational condition.
3. A general pervasive mood of unhappiness, depression or state of anxiety.
4. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.
5. A profound disorder in communication or socially responsive behavior.
6. An inability to learn that cannot be explained by intellectual, sensory or health factors.
7. Extreme withdrawal from social interaction or aggression over an extended period of time.

The handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic or frequent and manifest in two or more of the child's social systems, e.g. school, home or community.

The diagnostic process consists of three major steps.

1. Screening - finding out which children are probably disturbed or in need of intervention.
2. Identification - determining which children are in fact disturbed or in need of intervention.
3. Diagnosis - assessing the behavior to plan an intervention strategy.

There is no instrument in existence that measures personality, adjustment, anxiety or other relevant psychological constructs precisely enough to provide a sound

basis for definition of emotional disturbance. There is no consensus among teachers or psychologists regarding the frequency of given behaviors (i.e. hitting) that indicates emotional disturbance (Kauffman, 1977). Given this ambiguity, it is important to look at an ecological assessment tool that was developed. By using the method developed, problem behaviors are identified in terms of their respective domains reflecting the concerns of those (parents and teachers) who were intimately associated with the problem child. The tool has two components.

1. The ecological interview which is conducted with all adults who are responsible for the child in settings where he is considered deviant (non deviant settings should also be included).
2. The observation process in which the observer is attempting to validate the data supplied by the interview. Recording is done in 10 second intervals on a standard grid sheet listing category codes of 19 behaviors.

Measuring degree of social interaction of a child with a psychologist and play materials has been developed by Bales (1950). The 12 categories of scored behavior include:

1. Shows solidarity
2. Shows tension release
3. Agrees
4. Gives suggestion
5. Gives opinion
6. Gives orientation
7. Asks for orientation
8. Asks for opinion.

9. Asks for suggestion
10. Disagrees
11. Shows tension
12. Shows antagonism

Since interaction is more spontaneous at an early age, this kind of analysis is best effective at that time.

It was found that by third grade manifestations of social-emotional behavior tends to be more masked (Caplin, 1955).

The level of adaptive behavior is called for in assessment. This must be judged by observation of how well one meets the environment demands that frequently and subtly change. This judgement calls for experienced "clinical" appraisal which is not only based on precise measurements of behavior, but goes beyond it (Kauffman, 1977). This brings up the question of whether a clinical evaluation by a psychiatrist should be an integral part of the assessment process.

As discussed by Quay (1979), depression can only be clinically diagnosed by a psychiatrist. The following characteristics could be observed for level of frequency by an classroom teacher. This list is based on the combined symptoms of depression discussed previously in this chapter. The symptoms have been broken into two categories, those that could be measured objectively and those that must be measured subjectively as judged by a therapist.

<u>Objectively Measureable</u>	<u>Subjectively Measureable</u>
withdrawn	unhappy or sad
self-critical	feels rejected or unloved
sleep disturbances	not readily satisfied
does not ask for help	feels inadequate
not satisfied when help is given	negative self concept
repetitive activities	hopelessness
suicidal ideas or threats	helplessness
irritable	anxiety
behavioral change	
psychomotor retardation	
school and social failure	
eating disturbances	

In a study done by Gurney and Flumer (1970) to determine the effects of Rogerian Therapy on withdrawn students, they developed a criteria of withdrawal. Fewer than 20 assertive responses per 65 minute intervals was the cutoff. Codes for assertive behavior were:

1. Initiating talk in class (responding after being called on did not count)
2. Raising hand in attempt to initiate talk
3. Initiating talk with another student
4. Initiating talk privately with teacher

Combinations of characteristics and symptoms of withdrawn students can be used by teacher to identify

students who have an abnormally high frequency of these behaviors. In addition to these informal tools, there are standardized tools such as the Walker Problem Behavior Checklist, The Behavior Rating Profile, and others that can be purchased for diagnostic screening. There was discussion devoted to the role of fantasy and withdrawal. A possible evaluation technique that teachers could use to determine the extent to which fantasy diverts from reality is to have students write about their favorite daydream (Berkowitz, 1960).

Implications for Adulthood

Again the need for early intervention with withdrawn students must be re-emphasized. If shy children are allowed to develop into shy adults, they can have serious adjustment problems. Several characteristics of shy adults have been identified by Zimbardo (1977) as serious problems.

1. One alcoholic said that everyone they had met at Alcoholics Anonymous was pathologically shy. Shy people are afraid to let themselves go and loosen up.
2. Shy people with a serious problem are reluctant to ask for help.
3. The mentality of a rapist shares the fear of intimacy and closeness with other humans with the shy male.
4. Shy people are in trouble if they cannot escape confrontation of a threatening situation.

5. The overcontrolled person has no outlet for emotions. He keeps them all bottled up until one day when it may be released in uncontrollable rage. Despite provocation they were rarely or never able to verbally express hostile feelings.

6. Shy women have fewer available outlets than men and may go quietly mad, batter their children and seek stimulation through fantasy.

To avoid problems of adult shyness, early intervention by teachers can aid students in adjusting to the world around them.

Conclusion

In conclusion, it will again be stressed that there are students in regular classes who, without careful examination, appear to have appropriate behavior, but who in effect may be severely disturbed. If, through inservice techniques or other awareness programs, these students can be brought to the attention of teachers, one goal has been met. Whether or not placement in special education is determined to be a need, the real value of assessment is its use in planning and evaluating a treatment program.

INTRODUCTION TO INSERVICE

This inservice is designed to be given to regular classroom teachers. One person should be appointed by each individual school administrator to be the facilitator. The person appointed will be responsible for:

1. Becoming thoroughly familiar with all instructions and activities prior to the inservice
2. Organizing and distributing the pre-inservice information
3. Duplicating and distributing materials
4. Setting up equipment
5. Structuring the timing of activities during the inservice
6. Facilitating discussion during inservice
7. Organizing and distributing information (follow-up inservice)
8. Facilitating discussion during follow-up inservice

As structured by the outline, the inservice should take a minimum of 90 minutes. This brief time allotment is given so that the inservice may be implemented with a limited amount of bureaucratic scheduling. Anyone utilizing this program may add time for explanation and discussion if convenient.

The follow-up inservice is designed to be a discussion of the application of the tools presented at the inservice. As structured by the outline, it should take an hour. Again, if time permits, discussion may be more lengthy.

The school administration, after reviewing the program, should determine whether the inservice should be mandatory for all staff members. It is suggested that all professionals dealing with students become aware of the information presented here.

INSERVICE USER DIRECTIONS FOR FACILITATOR

Goal: The aim of this inservice is to assist teachers in the screening of depressed and withdrawn students for possible placement in special education. This will be accomplished through activities designed to identify characteristics, write observable behaviors and use screening devices.

Contents: This inservice packet consists of three sections.

- I. Pre Inservice
 - A. Instructions for facilitator
 - B. Classroom teacher evaluation report
 - C. Depression checklist
- II. Inservice
 - A. Activity I
 - 1. Instructions for facilitator
 - 2. Observation/conclusions questionnaire
 - B. Activity II
 - 1. Instructions for facilitator
 - 2. Definition of "Seriously Emotionally Disturbed"
 - C. Activity III
 - 1. Instructions for facilitator
 - 2. Worksheet to accompany film "Shyness"
 - D. Screening Technique I
 - 1. Instructions for facilitator
 - 2. Withdrawl Behavior checklist
 - E. Screening Technique II
 - 1. Instructions for facilitator
 - 2. Criteria of withdrawl tally sheet
 - F. Screening Technique III
 - 1. Instructions for facilitator
 - 2. Reading: The Role of Fantasy in the Withdrawn Student
 - G. Screening Technique IV
 - 1. Instructions for facilitator
 - 2. Instructions for teacher administrator
 - 3. Student survey
 - 4. Scoring instructions
 - 5. Scoring tally sheet
 - H. Screening Technique V
 - 1. Instructions for facilitator
 - 2. Anecdotal record
- III. Follow-up inservice instructions for facilitator

Each activity and screening technique contains instructions for facilitator. These instructions contain goals, objectives, methods of administration and method of evaluation.

Preparation:

1. Before the inservice, review all instructions, activities and screening techniques.
2. Determine number of participants who will attend and obtain enough copies of each of the following for distribution:

Pre Inservice

Letter of introduction to inservice
 Inservice goals
 Classroom teacher evaluation report (2 copies each)
 Activity II Depression Checklist

Inservice

Activity I Observation/conclusion questionnaire
 Activity II Definition of "Seriously Emotionally Disturbed"
 Screening Techniques I Withdrawn behavior checklist
 Screening Technique II Criteria of withdrawal tally sheet
 Screening Technique III "The Role of Fantasy in the Withdrawn student".
 Screening Technique IV Instructions for teacher administration
 Screening Technique IV Student survey
 Screening Technique IV Scoring tally sheet
 Screening Technique V Anecdotal record

Follow-up Inservice

1. Letter of introduction to follow-up inservice.
2. Arrange for film projector for day of inservice.
3. Make an overhead transparency of the definition of "Emotionally Distrubed" Activity II
4. Arrange for overhead projector for day of inservice.
5. Obtain film "Shyness" 16 mm, 23 minute, black and white available from: Visual Aids Service
 University of Illinois
 1325 S. Oak Street
 Champaign, Ill. 61820

INSERVICE OUTLINE AND TIMELINE

The following is an outline of activities and screening techniques given in the inservice. Instructions and methods for delivery are listed on the instruction sheet of each exercise.

Inservice

	Time Allotted (minutes)
1. Discussion of Checklist of Depression Characteristics	5
2. Activity I Observation/Conclusion questionnaire completion	5
discussion	10
3. Activity II definition of ED	5
4. Activity III film "Shyness" film and worksheet	25
discussion	10
5. Screening Technique I Withdrawn Behavior Checklist	5
6. Screening Technique II Criteria of withdrawal	5
7. Screening Technique III Role of Fantasy	10
8. Screening Technique IV Sociometric	10
9. Screening Technique V Anecdotal Record	<u>5</u>
Total Time	90

Follow-up Inservice

1. Discussion of Classroom Evaluation Report	10
2. Discussion of Withdrawn Behavior Checklist (Screening Technique I)	10
3. Discussion of Criteria of Withdrawal Tally (Screening Technique II)	10

4. Discussion of Favorite Daydream papers (Screening Technique III)	10
5. Discussion of Student Survey (Screening Technique IV)	10
6. Discussion of Anecdotal Record (Screening Technique V)	10
Total Time	60

GOALS	METHODS	OBJECTIVES
1. To inform participants of the purpose of the inservice.	1. Pre Inservice Activity	
2. To establish a base point of participant knowledge of depression and ability to describe behavior.	2. Pre Inservice Activity.	2. (a) Given a checklist of characteristics of depression, participants will complete it and bring it to the inservice and be prepared to discuss. (b) Given a classroom teacher evaluation report form, participants will complete it prior to the inservice and bring it along.
3. To recognize behaviors written in observable terms.	3. Activity I	3. Given observed behaviors, participants will select one of three given conclusions that is based on observation rather than inference.
4. To become familiar with the federal definition of "Seriously Emotionally Disturbed."	4. Activity II	4. Given a copy of the federal definition of "Seriously Emotionally Disturbed," participants will be able to identify sections that describe the students who exhibited characteristics of depression as discussed in previous activity.

5. To acknowledge the purpose of sociometric tests.

6. To become familiar with the characteristics of three children who do not interact with others.

7. To provide participants with an awareness of the characteristics of withdrawal.

8. To provide participants with a means of collecting data on the number of assertive responses given by students.

5. Activity III

6. Activity III

7. Screening Technique I

8. Screening Technique II

5. After viewing the film, "Shyness," participants will be able to define a sociometric test and state how it can be useful.

6. After viewing the film, "Shyness," participants will be able to write in observable terms, at least two behaviors exhibited by the students described in the film.

7. Given a list of characteristics of withdrawal, participants will be able to identify those that are observed in a given student.

8. Given a Criteria of Withdrawal tally sheet, participants will select at least five students and establish the number of assertive behaviors that they demonstrate in a given time period (50 minutes).

- | | | |
|---|--|---|
| 9. To inform participants of the link between fantasy and behaviors of withdrawn students. | 9. Screening Technique III | 9. (a) Given a reading on fantasy, the participant will read about the role of fantasy in the disturbed child.
(b) Participants will be given a means of learning about student's fantasies. |
| 10. To provide participants with a sociometric type screening technique and teach them to administer it. | 10. Screening Technique IV | 10. (a) Given a student survey, participants will be able to administer it to students in their class.
(b) After determining the results of the student survey, the participants will be able to identify those students who should receive further screening. |
| 11. To provide participants with a method of making systematic anecdotal records of student's behavior. | 11. Screening Technique V | 11. Given a recording sheet and behaviors to look for, participant will be able to write an anecdotal record of observable behaviors. |
| 12. To determine whether inservice was successful at instructing participants how to write behaviors into observable terms. | 12. Follow up Inservice discussion of classroom teacher evaluation report. | 12. Give a new classroom teacher evaluation report, prior to the follow up inservice, participants will complete it and compare it to report written for inservice. Participants will have a higher number of behaviors written in observable terms on their second report. |

- | | | | | | |
|-----|--|-----|--|-----|---|
| 13. | To establish the effectiveness of withdrawn behavior checklist as a tool for the classroom teacher. | 13. | Follow up inservice discussion of withdrawn behavior checklist.
Screening Technique I | 13. | Given the completed withdrawn behavior checklists, participants will discuss whether or not they felt that it was a useful tool for identifying students with withdrawal tendencies. |
| 14. | To establish the effectiveness of the Criteria of Withdrawal. Tally as a tool for the classroom teacher. | 14. | Follow up inservice discussion of Criteria of withdrawal Tally.
Screening Technique II. | 14. | Given the completed Criteria of Withdrawal Tally, participants will answer the 3 questions listed in the instructions for the facilitator section of the inservice through a discussion format. |
| 15. | To establish the relationship between student personalities and their discussion of dreams. | 15. | Follow up inservice discussion of favorite daydream.
Technique III. | 15. | Given completed student write ups on fantasy, participants will compare the most bizarre dreams with the personalities of those students in a discussion format. |
| 16. | To establish the effectiveness of the Student Survey as a tool for the classroom teacher. | 16. | Follow up inservice discussion of Student Screening Technique IV. | 16. | Given completed Student Surveys participant will answer the 3 questions in the instructions for facilitator section of the inservice through a discussion format. |
| 17. | To establish the effectiveness of the anecdotal record as a tool for the classroom teacher. | 17. | Follow up inservice discussion of Anecdotal Record.
Screening Technique V. | 17. | Given completed Anecdotal Records participants will discuss whether or not they noticed any patterns of behavior and suggest additional situations that may be observed. |

PRE INSERVICE

PRE INSERVICE ACTIVITY INSTRUCTIONS
FOR FACILITATOR

- Goals: 1. To inform participants of the purpose of the inservice.
2. To establish a base point of participant knowledge of depression and ability to describe behaviors.

Objectives:

1. Given a checklist of characteristics of depression, participants will complete it and bring it to the inservice and be prepared to discuss.
2. Given a classroom teacher evaluation report form, participants will complete it prior to the inservice and bring it along.

- Method: 1. Prior to inservice
Distribute pre inservice packet containing:
- a. Letter of introduction
 - b. In-service Goals
 - c. Classroom Teacher Evaluation Report Form
 - d. Depression Checklist

At Inservice

2. Make 5 columns on the blackboard as shown below:
5-10 10-20 20-30 30-40 40-50
3. Ask participants who checked 5-10 characteristics of depression on the checklist to raise hands. Record number of responses under the 5-10 column.
4. Repeat above procedure by asking how many checked 10-20 characteristics, etc.
5. Inform participants that all characteristics may be symptoms of depression.
6. Inform participants that they will be discussing the teacher evaluation report later in the inservice.

One week prior to the inservice, distribute the following letter of introduction and attach one Inservice Goals Sheet, one Checklist of Depression Characteristics and one Classroom Teacher Evaluation Report form to each letter.

Sample Letter of Introduction

In an effort to assist classroom teachers in screening students for possible referral for special education placement, we will be having an inservice on _____ at _____. This inservice will focus on identifying characteristics of depression and withdrawal that may be symptoms of more serious emotional problems. As classroom teachers, you are the most important people in identifying students with learning and behavior problems.

Most everyone recognizes the acting out student as a problem. Often there are students in school who appear to have appropriate behavior, but who are severely disturbed. This program will be giving you information on what to look for in these students.

Before attending the inservice, please fill out the attached checklist and teacher evaluation report form and bring them with you as we will discuss them at the inservice.

Sample Letter of Introduction

In an effort to assist classroom teachers in screening students for possible referral for special education placement, we will be having an inservice on _____ at _____. This inservice will focus on identifying characteristics of depression and withdrawal that may be symptoms of more serious emotional problems. As classroom teachers, you are the most important people in identifying students with learning and behavior problems.

Most everyone recognizes the acting out student as a problem. Often there are students in school who appear to have appropriate behavior, but who are severely disturbed. This program will be giving you information on what to look for in these students.

Before attending the inservice, please fill out the attached checklist and teacher evaluation report form and bring them with you as we will discuss them at the inservice.

INSERVICE GOALS

The aim of this inservice is to assist teachers in the screening of depressed and withdrawn students for possible placement in special education. This will be accomplished through activities designed to identify characteristics, write observable behaviors and use screening devices.

ME1 DDOBJECTIVE

- | | |
|----------------------------|--|
| 1. Pre Inservice Activity | To establish a base point of participant knowledge of depression and ability to describe behavior. |
| 2. Activity I | To recognize behaviors written in observable terms. |
| 3. Activity II | To become familiar with the federal definition of "Seriously Emotionally Disturbed." |
| 4. Activity III | To acknowledge the purpose of sociometric tests to become familiar with the characteristics of three children who do not interact with others. |
| 5. Screening Technique I | To provide participants with an awareness of the characteristics of withdrawal. |
| 6. Screening Technique II | To provide participants with a means of collecting data on the number of assertive responses given by students. |
| 7. Screening Technique III | To inform participants of the link between fantasy and behaviors of withdrawn student's behavior. |
| 8. Screening Technique IV | To provide participants with a method of making systematic anecdotal records of student's behavior. |
| 9. Follow-up Inservice | <p>To determine whether inservice was successful at instructing participants on how to write behaviors in observable terms.</p> <p>To establish the effectiveness of withdrawn behavior checklist as a tool for the classroom teacher.</p> |

To establish the effectiveness of the Criteria of Withdrawal Tally as a tool for the classroom teacher.

To establish the relationship between students personalities and their discussion of dreams.

To establish the effectiveness of the Student Survey as a tool for the classroom teacher.

To establish the effectiveness of the anecdotal record as a tool for the classroom teacher.

Prior to attending the inservice, select one of your students who has been having some problems in class and fill out the following information:

CLASSROOM TEACHER EVALUATION REPORT

Name _____ Date _____

Birthdate _____ Grade _____

1. Describe student's academic functioning:
strengths:

weaknesses:
2. Describe student's behavior with peers:
during teacher directed activity:

during non structured activity:
3. Describe student's interactions with teacher:
when reinforced:

when confronted:

during informal interaction:

DEPRESSION CHECKLIST

Please a check by the characteristics that you would expect to observe in a student who is depressed.

- | | |
|--|--|
| ☐ satisfactory work output | ☐ complains |
| ☐ unsatisfactory work output | ☐ compliant |
| ☐ appears sad | ☐ rude |
| ☐ does not ask for help | ☐ passive |
| ☐ complains that teacher is not helpful | ☐ aggressive |
| ☐ not readily satisfied | ☐ irritable |
| ☐ runs away from situations | ☐ exploitative |
| ☐ engages in repetitive activities | ☐ sensitive |
| ☐ psychomotor retardation | ☐ fidgeting |
| ☐ lack of social contact | ☐ lack of guilt |
| ☐ excessive concern with death | ☐ lying |
| ☐ sleeping problems | ☐ withdrawn |
| ☐ reacts negatively to praise | ☐ friendless |
| ☐ active fantasy involvement | ☐ physical problems |
| ☐ lack of fantasy | ☐ eating disorders |
| ☐ teases other children | |

INSERVICE

INSERVICE
INSTRUCTIONS FOR FACILITATOR

1. Each of the following activity and screening techniques contain instructions that have a methods section.
2. Refer to Inservice Outline and Timeline for details of time allotments.

ACTIVITY I

INSTRUCTIONS FOR FACILITATOR

Goal: To recognize behaviors written in observable terms.

Objective: Given observed behaviors, participant will select one of three given conclusions that is based on observation rather than inference.

- Method:
1. At inservice meeting distribute observation/conclusion questionnaires.
 2. Instruct participants to circle the letter of each conclusion that is based on observable behavior.
 3. Allow participants five minutes to read and complete the questionnaire.
 4. Inform participants that correct responses are on the back of the questionnaire. (They are: 1. b, 2. c, 3. b, 4. a, 5. c.) and that other answers make inferences that may be incorrect.

At this point discuss:

In what ways do the correct answers differ from the incorrect ones?

How would you define an observable behavior?

Be sure to bring out these points:

- a. Two or more people watching a student could observe the same behavior.
 - b. Observable behaviors can be counted and timed.
 - c. The observer cannot make a judgment.
 - d. Observer should ask what exactly is happening in the situation.
5. Inform participants that when screening students for possible placement in special education, observable behaviors are most important in the report.
 6. At this point a further discussion of the questionnaire may be held.

Evaluation: Self check of completed questionnaire and discussion.

ACTIVITY I

After reading each observation, select the conclusion that is based on observation rather than inference.

1. Observation:
Jim was whispering to Sally during math instruction. When the teacher asked him to stop and pay attention, he shouted obscenities.
Conclusion:
a. Jim did not understand the math lesson.
b. Jim reacted severely to the teachers request.
c. Jim has a crush on Sally.
2. Observation:
During the vocabulary lesson, Bill and John began teasing each other. Ken yelled at them to stop it or they would be sent to the office. The other students looked at Ken.
Conclusion:
a. Ken likes to have power
b. Ken can't work with other stimulation.
c. Ken received his classmates attention.
3. Observation:
As the teacher was walking around the classroom checking on students as they did their seat work, Paul crumpled up his paper and threw it on the floor and put his head on the desk.
Conclusion:
a. Paul is emotionally disturbed.
b. Paul stopped working on his assignment.
c. The assignment was too hard for Paul.
4. Observation:
Nancy sat in her desk with her head down during story time and did not participate in the class discussion.
Conclusion:
a. Nancy showed no involvement during storytime.
b. Nancy was tired.
c. Nancy did not like the story.
5. Observation:
Kevin came to class late because he had a doctor's appointment. When he entered the room, Joe and Kim said "Hi" to him. He did not say "Hi" back.
Conclusion:
a. Kevin does not like Joe and Kim.
b. Kevin was too sick to talk.
c. Kevin failed to respond to the stimulus, "Hi".

Answers:

1. b
2. c
3. b
4. a
5. c

ACTIVITY II

INSTRUCTIONS FOR FACILITATOR

Goal: To become familiar with the federal definition of "Seriously Emotionally Disturbed."

Objective: Given a copy of the federal definition of "Seriously Emotionally Disturbed," participants will be able to identify sections that describe the students who exhibited characteristics of depression as discussed in previous activity.

Method: 1. Make an overhead transparency of the definition.
2. Distribute definition to participants
3. Facilitator reads off definition to participants.
4. Facilitator asks participants how they see the characteristics of depression fitting into the definition.

Evaluation: Participants demonstrate an awareness that students exhibiting characteristics of depression could fit into the first four points of the definition.

ACTIVITY II

Definition of "Seriously Emotionally Disturbed" according to the Federal Register, August 23, 1977.

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree which adversely effects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. A general pervasive mood of unhappiness or depression; or
4. A tendency to develop physical symptoms or fears associated with personal or school problems.
5. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

ACTIVITY III

INSTRUCTIONS FOR FACILITATOR

- Goals: 1. To acknowledge the purpose of sociometric tests
 2. To become familiar with the characteristics of three children who do not interact with others

- Objectives: 1. After viewing the film "Shyness," participants will be able to define a sociometric test and state how it can be useful.
 2. After viewing the film "Shyness," participants will be able to write in observable terms, at least two behaviors exhibited by the students described in the film.

- Method: 1. Obtain the film "Shyness" 23 minute 16mm black and white available from: Visual Aids Service
 University of Illinois
 1325 S. Oak St.
 Champaign, Illinois 61820
 2. Arrange for film projector to be set up prior to inservice.
 3. Distribute worksheet to accompany film and explain to participants that the film will discuss tests and the behavior of three students and describe at least two behaviors of each student in observable terms.
 4. Show film.
 5. Ask participants to discuss sociometric tests and compare their responses with the following one.
 6. Ask participants for the behaviors that they observed. You may wish to make a list of these on the board and compare their responses with the following ones.

Possible Responses

- Sociometric Test: A questionnaire given to students in which they select the names of other students in their class for particular activities. It can be useful in allowing the teacher to see how students view each other, for example, who is popular and who is left out.
 7. Examine behaviors on list to see whether they are observable or inferences.

Observed Behaviors:

Robert: Spends time by himself
 Is usually doing something
 Collects experiments
 Spoke up during class discussion

Anna: Tried to approach a group, but backed off
Walked home alone
Retreats from situations involving others
Unable to read aloud in front of class
Cried after not being able to perform
Graceful
Did not speak during group discussion
Never volunteered when left to herself
Gave other students eye contact when they were
discussing fears
Volunteered to discuss her own fears after hearing
the fears of others.

Jim: Did not look at anything
Ran away when approached by others
Cries
Walks with head down
Looked up at other students during discussion group

This list is not all inclusive, other observable behaviors
may be noted.

ACTIVITY III

WORKSHEET TO ACCOMPANY FILM "SHYNESS"

What is a sociometric test, and how can it be useful?

In observable terms, describe at least two behaviors exhibited by each of the students discussed in the film.

Robert:

Anna:

Jim:

SCREENING TECHNIQUE I
INSTRUCTIONS FOR FACILITATOR

Goal: To provide participants with an awareness of the characteristics of withdrawal.

Objective: Given a list of characteristics of withdrawal, participants will be able to identify those behaviors that are observed in a given student.

Method: 1. Distribute one Withdrawn Behavior Checklist to each participant at the inservice.
2. Ask them to review statements to make sure they are clear on meaning.
3. Discuss the fact that there is no formal scoring and that it is just another method to screen students who exhibit these characteristics for possible referral to a special education program.

Evaluation:* Ask participants to bring completed checklists to the follow-up inservice to discuss the results and whether or not they felt that the checklist was a useful tool.

* To be accomplished at follow-up inservice

SCREENING TECHNIQUE I

Withdrawn Behavior Checklist

Student: _____

Grade: _____

Birthdate: _____ Date: _____

Check those characteristics that you have observed in the above student in the past month.

- ____ 1. Afraid of strange adults.
- ____ 2. Easily upset by changes in things around him.
- ____ 3. Becomes frightened easily.
- ____ 4. Never speaks up even when he has every right to be angry.
- ____ 5. Fearful of being hurt at play.
- ____ 6. Hands shake when he is called on to recite.
- ____ 7. Never sticks up for himself when others pick on him.
- ____ 8. Just stands around on the playground.
- ____ 9. Is afraid of making mistakes.
- ____ 10. Is slow in making friends.
- ____ 11. Gives in when another child insists on doing something another way.
- ____ 12. Becomes embarrassed easily.
- ____ 13. Seems to think that he is worthless.
- ____ 14. Never fights back even if someone hits him first.
- ____ 15. Prefers to be alone and play alone.

(Continued)

- ___ 16. Prefers to attach himself to an adult rather than play with children.
- ___ 17. Has no friends.
- ___ 18. Does things that are normal for children much younger than he is.
- ___ 19. Has difficulty speaking clearly when he is excited or upset.

Note: There is no formal technique of scoring this checklist. Look closely at students who receive the most checks for possible further evaluation.

Adapted from: Ross, Lacey and Parlor, "The Development of a Behavior Checklist for Boys," Child Development, 1965, 36, 1013-1027.

SCREENING TECHNIQUE II
INSTRUCTIONS FOR FACILITATOR

Goal: To provide participants with a means of collecting data on the number of assertive responses given by students.

Objective: Given a Criteria of Withdrawal tally sheet, participants will select at least five students who may be withdrawn, and establish the number of assertive behaviors that they demonstrate in a given time period. (50 minutes works well.)

Method:

1. Distribute one copy of the Criteria of Withdrawal to each participant.
2. Discuss the four categories of criteria.
3. Discuss the method of scoring - one tally mark in the category after observing that behavior.
4. Bring up the point that a discussion, seat work or physical activity situation would be best used since one would expect maximum interaction during these periods.
5. Instruct participants to try the technique in their classroom with at least five students and bring their results to the follow-up inservice for discussion.
6. Describe how to administer the tally sheet (i.e. carry around room etc.)

Evaluation:* Discussion of the results of data collected by participants at the follow-up inservice. Questions may be:

1. Were there notable differences in student response?
2. Do students with low rates of assertive responses exhibit any characteristics of depression?
3. What is the achievement level of students with minimal response levels?

* To be accomplished at follow-up inservice

SCREENING TECHNIQUE IV

Criteria of withdrawal developed by Gurney and Flumer, "Teachers as Psychotherapeutic Agents for Withdrawn Children," Journal of School Psychology, 1970, 8, 107-113.

Cutoff point developed was fewer than 20 assertive responses per 65 minute period. If using a 50 minute period, fewer than 15 responses would provide an equivalent ratio.

Tally the number of responses in the box corresponding to the observed behavior.

Date _____ Name	Initiating talk in class*	Raising hand in attempt to answer question	Initiating talk with another student	Initiating talk with teacher
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

*Responding after being called on does not count

SCREENING TECHNIQUE III
INSTRUCTIONS FOR FACILITATOR

Goal: To inform participants of the link between fantasy and behaviors of withdrawn students.

Objectives:

1. Given a reading on fantasy, the participant will read about the role of fantasy in the disturbed child.
2. Participants will be given a means of learning about student's fantasies.

Methods:

1. Distribute the two page reading "The Role of Fantasy in the Withdrawn Student" to participants at the inservice
2. Allow five minutes for participants to read the paper themselves.
3. Entertain any discussion of the reading.
Note: The following activity may be inappropriate for teachers of electives in secondary schools and need not be assigned in those cases.
4. Ask participants to have students write about their favorite daydream at some point before the follow-up inservice.

Evaluation:* At the follow-up inservice, participants should bring what students have written for discussion. Participants should be instructed to take the most bizarre of these fantasies and check to see if these students are also withdrawn or poor learners. If this is the case, a problem could be considered to be present.

* To be accomplished at follow-up inservice.

THE ROLE OF FANTASY IN THE WITHDRAWN STUDENT

Berkowitz discusses the role that fantasy has for the withdrawn student. She begins by stating that the denial of unpleasant reality is part of the normal developmental phase. It is used as a defense by children under five or six years old. If it is used after that it represents regression and immaturity.

Withdrawn children frequently substitute fantasy for reality in order to protect themselves from failure and external pressure. The symptoms of this substitution often include over compliance, passivity or apathy. These students may have inner resources which compensate for their lack of friends and social ability. They enjoy isolated activities but are basically unhappy with their active inner life. Their personality is rooted in passivity and compliance because the child uses these means to seek approval from others. The fear being that if passivity is not maintained, rejection from others will result. Fantasy is used to escape to a dream where actions are completed, energies are spent, aggression is expressed and self-esteem is heightened. The fantasy may be so intense that the child does not even hear when he is spoken to. Physical clinging to adults adds to the immature symptoms because of a need for emotional support. Strong needs for acceptance make the withdrawn child easily susceptible to any form of criticism which causes painful emotional experiences.

Although the withdrawn child has an extreme need for acceptance, he may be rude and indifferent due to his preoccupation with the rich fantasy world in which he uses to compensate for those personality characteristics that he wants but does not actually possess. The child sees himself as unloved and unaccepted and has developed the withdrawal pattern to bring together his perception with his feelings of pain and discomfort. This pattern is, however, self-defeating and perpetuates the feelings of negative self-concept.

Normal children fantasize but prefer socializing to fantasy. When the fantasy is extremely bizarre and the child does not recognize this or when the fantasy is so pervasive that the child relinquishes his contact with the environment, the fantasy becomes unhealthy. When the fantasy is bizarre to the point of hallucinations or delusions, and it is accompanied by withdrawal it must be considered symptomatic of mental illness.

Lack of fantasy may also be observed in withdrawn students. They may attempt to maintain a defense against reality by

placing restrictions on their emotional level. They over control emotions and repress emotionality, abandoning the usual interpersonal involvements. Emotional affect may be so blocked that their inner fantasy is blocked and their fears of expressing themselves is evident in academic areas especially language. They may present an incongruous picture of high intellectual ability with poor functioning in imaginative expression since they are fearful of revealing themselves. Ability may be observed in factual areas but lacking in emotionality.

Compiled from: Berkowitz, Pearl H., Ester P. Rothman, The Disturbed Child: Recognition and Psycho-educational Therapy in the Classroom, New York, University Press, 1960.

SCREENING TECHNIQUE IV
INSTRUCTIONS FOR FACILITATOR

Goal: To provide participants with a sociometric type screening technique and teach them to administer it.

Objectives:

1. Given a student survey, participants will be able to administer it to students in their classes.
2. After determining the results of the student survey, the participants will be able to identify those students who should receive further screening.

Method:

1. Become thoroughly familiar with the student survey prior to the inservice yourself.
2. Distribute one of each of the following to participants at the inservice:
 - a. Instructions for Teacher Administration
 - b. Student Survey
 - c. Scoring Instructions
 - d. Scoring Tally Sheet
3. Review instructions for administration and scoring with participants at inservice.
4. Suggest that participants have an envelope to place finished surveys in to insure anonymity
5. Instruct participants to administer survey to students and compute the results before the follow-up inservice.

Evaluation:* Discuss the results of student survey at the follow-up inservice.
Questions that may be asked are:

1. Does the class' perception of individual students seem to be uniform?
2. How does the class' perception concur with yours?
3. Were you surprised at any of the results?

* To be accomplished at follow-up inservice

SCREENING TECHNIQUE IV
INSTRUCTIONS FOR TEACHER ADMINISTRATION

STUDENT SURVEY

1. Distribute copies of the Student Survey to all pupils in the class. Be sure that each pupil has a pencil with an eraser.
2. Read the following instructions aloud to the class:

Education means learning about different subjects, about other places, other people, other ideas. But education also means learning about ourselves, about our own ideas and attitudes.

The purpose of this survey is to help you find out, and to help your teachers understand, how students your age see yourselves--and others your age, your classmates particularly. Your individual answers will not be discussed in class. However, the results of this survey, for the class as a whole, may be presented by your teacher at a later time.

On your paper there are 20 statements which describe different kinds of students. Think of someone in your class who is most like or often like the described student in each statement. Then write his name on the line to the left of the statement. Only students in your present class or class period can be named in completing the statements. You may, if you wish, use the same student for more than one statement. Students who are noted as absent by the teacher may also be used in completing the statement. Remember, select students who are in your present class only.

To save time, use only the initial of the first name and the full last name.

If you have any questions about the meaning of a word or a statement, ask your teacher.

3. You may wish to write each students name on the board to clarify questions about spelling last names.

From: Eli M. Bower, Early Identification of Emotionally Handicapped Children in School, Charles C. Thomas Publisher, Springfield, Ill., 1969. Reprinted with permission of author.

STUDENT SURVEY

Think of the name of a student in your present class who is MOST LIKE or OFTEN LIKE the student described. Write his or her name in the space provided to the left of each statement.

- _____ 1. A student who is good in school work.
- _____ 2. A student who gets into fights or quarrels with other students.
- _____ 3. One who can accept responsibilities.
- _____ 4. One who has to be coaxed or forced to work with other students.
- _____ 5. A student who is well liked.
- _____ 6. One who has difficulty learning.
- _____ 7. Someone who is helpful to others.
- _____ 8. Someone who is interested in things he can do alone.
- _____ 9. A person upon whom you can depend.
- _____ 10. One who makes unusual or odd remarks in class.
- _____ 11. One who is respected by other students.
- _____ 12. One who sometimes behaves in ways which are dangerous to self or others.
- _____ 13. Someone who will probably be a success in life.
- _____ 14. A student who is often unhappy or "blue".
- _____ 15. One who has lots of common sense.
- _____ 16. A student who has more problems than other students.
- _____ 17. Someone who has lots of self-confidence.
- _____ 18. One who gets upset when faced with a difficult school problem.
- _____ 19. A person who is seldom sick.
- _____ 20. A person who is moody.

STUDENT SURVEY
SCORING INSTRUCTIONS

1. Using the tally sheet provided, write down all the names of the students in your class in alphabetical order.
2. Select one of the surveys and place tally marks next to the names of the students identified in the following manner:
 - a. Place tally mark in the first column if the name is by an even numbered (negative) statement.
 - b. Place tally mark in the second column if the name is by an odd numbered (positive) statement.

Continue this process for each of the surveys.

3. Total the number of selections given each student for each column.
4. Total the number of selections given each student all together.
5. Divide the total number of negative (even) responses given to each student by the grand total received.

INTERPRETING THE RESULTS

Note the names of the students receiving the largest percentage of negative (even) selections by their classmates.

Also note the names of the students receiving very few or no selections by their classmates.

The total selections of a child by his peers can be utilized as a rough index of the social impact of that child in the class. Children who are seen by their classmates as negative and those who are not seen by their classmates at all may both be indicative of emotional problems.

STUDENT SURVEY
SCORING TALLY SHEET

	Column I		Column II		% OF NEGATIVE SELECTIONS $\frac{\text{Total Column I}}{\text{Grand Total}} = \underline{\hspace{2cm}}$
	# OF EVEN (NEGATIVE) SELECTIONS	TOTAL	# OF ODD (POSITIVE) SELECTIONS	TOTAL	
NAME					
71					72

SCREENING TECHNIQUE V
INSTRUCTIONS FOR FACILITATOR

Goal: To provide participants with a method of making systematic anecdotal records of students' behavior.

Objective: Given a recording sheet and behaviors to look for, participants will be able to write an anecdotal record of observable behaviors.

Methods: 1. Distribute one copy of the anecdotal recording sheet to each participant at the inservice.
2. Review observable behaviors and stress the importance of writing exact situations and reactions.

Evaluation:* Discussion of useability at follow-up inservice. Ask for suggestions for additions to list of behaviors to look for.

* To be accomplished at follow-up inservice

SCREENING TECHNIQUE V

ANECDOTAL RECORD

NAME _____

1. Document the student's specific reactions to instruction. Take particular note of their participation and attending skills.
2. Document the student's reactions to others when approached.
3. Document the student's reactions to assignments, particularly to those that involve group interaction.

DATE	TIME	SITUATION	REACTIONS
	74		75

FOLLOW-UP INSERVICE

FOLLOW-UP INSERVICE
INSTRUCTIONS FOR FACILITATOR

1. This session is designed to determine the effectiveness and usefulness of the screening techniques presented at the inservice session.
2. See the goals, methods and objectives sheet beginning on page 29 for specific objectives.
3. Evaluation sections of individual instructions for facilitator sheets have an asterisk (*) by them. Use these evaluation techniques as a guide for discussion.
4. Refer to the Inservice Outline and Timeline for details of time allotments.

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